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A PILOT PROGRAM FOR HUSKY MEMBERS

CT COMMUNITY SERVICE REDESIGN

COMPCARE'S® A PILOT PROGRAM FOR HUSKY MEMBERS

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CompCare®
200 South Hoover Blvd., Building 219, Suite 200
Tampa, Florida 33609
Voice: 813.288.4808
Fax: 813.288.4844

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


Comprehensive Behavioral Care, Inc. (CompCare®), is inviting communities of members, families and providers to develop community-based integrated services to expand local capacity. Our goal is to channel existing Medicaid Husky funding to follow members with services that are matched to their needs. This innovative program builds on the strengths of members, their families, local communities and providers with a core set of values:

- Services must surround members and their families where they live
- Cultural relevance requires flexibility in service design and provider staffing
- Funding streams are blended to support the needs of the whole person
- Community planned and delivered services
- Community based alternatives provide diversion and rapid discharge from intensive service systems.

CompCare is committed to supporting communities, providers, members and their families in redesigning the behavioral health services and supports. To achieve this, we are changing the provider and managed behavioral health care interface. We began the process when we entered the state by expanding Husky required services to include case management and expanding the use of non-licensed providers under the supervision of licensed professionals through benchmark providers. Our approach emphasized a Child and Adolescent Service System (CASSP) philosophy that supports blended funding initiatives to meet individual member needs. Our request is to create a partnership with community based providers, members and families.


This program manual is supplemented by more detailed descriptions noted with the ICONS in the margin.

ICON KEY


-  Alternatives to intensive service systems
 -  Locally Driven Service Protocols
 -  Blended funding supports
 -  Community Based Service System
 -  Quality Measures of Effectiveness
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Community Based Alternatives to Intensive Services

The key features reflect a commitment to meeting the member need in the least restrictive appropriate alternative:

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- Alternatives must reflect the behavioral health needs of the member and their family (family of origin, family of residence or DCF).
 - Behavioral health services that provide intervention to the member where the crisis occurs can maintain community tenure. Home Builders programs have demonstrated effectiveness in stabilizing members and their families.
 - Member's return to community based services may be enhanced by introduction of additional behavioral health services. Safe homes, therapeutic foster homes, respite care and short term residential centers can often succeed with the addition of behavioral health
 - Creative solutions for members may reflect culturally appropriate or community relevant solutions that have not been previously reimbursed.

Locally driven service protocols

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- Members will benefit most from an approach that builds on local resources, culturally relevant delivery, and service planning that reflects the whole person and whole family.
 - Case management that reflects the member and family needs and choices is necessary to navigate the diverse systems of services required.
 - National behavioral health and children's service protocols serve as guides to direct local protocol development.
 - Measurable outcomes are inherent components of treatment planning that reflects member, family, and community objectives.

Blended Funding Supports



- Member's diversity in strengths and challenges must be matched with diversity in funding for services needed.
- Programs that blend funding to surround members with services interactively effect the member's response to treatment.
- Community linked programs and organizations reflect an orientation that places a priority on children and families first.
- Excellence in administrative practice combines with effective communication to streamline service codes, data management, claims adjudication and payment practices.
- Grants development for special service initiatives adds resources to those services locally available.
- Shared resource development emphasizes stewardship for long-term service system change integration.

Community Based Service Systems



- Collaboration between providers to enhance service system development is only done locally.
- Community services mold themselves to unique communities and cultures.
- Gaps in service are best filled by local solutions that are crafted by local communities.
- A passion for the community in which they live and work ensures members, families and providers will work to continue to enhance changes.

Quality Measures of Effectiveness

- Measurement of outcomes is an inherent part of the intervention not external or removed from it.
- Knowledge building is only possible if we commit to continual learning that is possible only if we integrate measurement of outcomes as part of interventions.
- Administrative and clinical quality measures are equally important in evolving the system.
- Performance based monitoring and contracting follows from a commitment to quality management.




CompCare's Role in Supporting the Redesign

As the FirstChoice contractor for Husky program participants, CompCare has shaped the service system to reflect a commitment to existing community based services. This invitation expands the traditional role of the company to promote a dialogue with communities to reshape the service system. The goal is for members to receive services needed in the least restrictive and most appropriate settings possible. Solutions to lack of capacity and innovative solutions in service can only come from this dialogue with local communities. Specific CompCare technologies that enhance the planning, integration and delivery of services include:


- Effective claims processing
- Prospective financial forecasting
- Clinical Services supports that meet NCQA standards
- Management systems for information, quality, utilization and provider credentialing/profiling and
- Member complaint and grievance processes


ICON KEY

 Financial Risk Support

 Locally Driven
Clinical Protocols

 CAATS Demo

 Management
Systems Detail

 Member complaint
and grievance process

The Financial Service is designed to support management of risk and provider payment in 30 days of receipt of clean claims

- CompCare's skill as a Managed Behavioral Health Organization (MBHO) is demonstrated by the two concurrent criteria: successful clinical service systems and strong financial management.



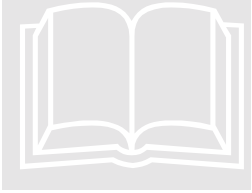
- Keys to this success are the result of effective management systems and enhanced service delivery planning.
- CompCare is the only MCO to consistently use Prospective Modeling in all of its public sector bids in the past year. Our CAATS® model forecasts the probability of successful delivery of uniquely designed service systems. A detailed analysis of the current users, services, outcomes, costs and local clinical protocols is developed. This model is then tilted to reflect the desired outcomes developed by the Public Service System. Local resources are analyzed and reallocated with defined performance expectations for individual clients of the system. As a management tool, it continues to be refined through experience to reflect the best stewardship of available resources.

The Clinical Services features these key components:



- Acceptance of current providers for authorized services
- National Clinical Practice Guidelines that are tailored by local providers, beneficiaries and advocates to fit demonstrated local needs.
- A beneficiary-centered approach to quality management, which maximizes individual and family involvement through the use of advisory committees
- Clinical operations focused on quality and driven by best practices supported by NAMI, CWLA and FFCMH
- Sophisticated technological support, featuring continuous on-line access to clinical records and other information
- Continual analysis and monitoring of available resources, to ensure appropriate access to a full continuum of care
- Outlier-driven utilization management protocols for outpatient care.

The Management Service is driven by sophisticated management information systems and fiscal processes



- CompCare's MIS information system has demonstrated success in creating and managing data to satisfy the diverse collection and reporting requirements of publicly funded behavioral care programs. MIS's effectiveness reflects CompCare's commitment to operator training and system security, data integrity, and record retention.
- CompCare's on-line member and treatment history records, and on-line customer services call-tracking system, currently provide data regarding Medicaid members in Florida, Texas, Michigan, and Connecticut.
- CompCare's administrative efficiency is exemplified by its provider claims turnaround rate – one hundred percent (100%) of “clean” claims are reimbursed within thirty (30) days. Our training and support results in ninety five percent (95%) of our providers successful transmission of claims within 30 days of service delivery.

Member complaint and grievance process



The ACT system was designed to provide rapid documentation for action from comments that members, families or providers have conveyed to us through our Customer Service line. Contact with the electronic record enables the Customer Service staff to rapidly intervene where needed, be knowledgeable of the authorized providers and service interventions and document the nature of the calls for action. Calls that reflect problems in claims adjudication are researched. CompCare distinguishes itself in approaching complaints as opportunities for improvement of our system or educating providers. If problems in the management of our data have resulted in problems in claims payment, Customer Service staff have direct access to electronic fields to correct the problem while talking to the provider in most cases. CompCare gathers this data into reports that result in changes as a measure of our Quality commitment.

CompCare offers Community Service Redesign sites the benefit of years of experience in successfully managing complex, public-sector behavioral care programs. Public-sector lives account for about seventy percent (70%) of the approximately 1 million lives CompCare manages nationwide through full-risk and ASO contracts. CompCare's financial, clinical and information systems are specifically designed to serve the needs of these special populations, with program features geared to individuals with special behavioral needs, often involving serious mental illness, emotional disturbances, dual diagnoses, or homelessness.

CompCare has conducted business continuously since its founding in 1969. Through previous experience as an owner and operator of hospitals, care units, and other behavioral care facilities, CompCare has direct knowledge of and experience with Medicaid, Medicare, commercial and public funding requirements. The Community Service Redesign offers CompCare an ideal opportunity to demonstrate the capabilities of its financial, clinical and information systems, and could well serve as a model for shaping the service system and, perhaps, KidCare initiatives in the future.

CompCare looks forward to working closely with Community Service Redesign sites to create a truly exceptional behavioral health program.

What are the next steps?

The presentation of data for your specific community can be supplemented with drill down capacity for additional information. Proposals for service alteration can be refined with Mr. Topor. Mr. MacLochlan and Mr. Clay are available as needed to discuss system design or contracting issues that will move services forward.

Thomas Clay, MSW, Sr. VP Clinical Services, is the lead contact for the Community Service Redesign and developer of CAATS© for CompCare.

Corporate Office: 1.813.288.4808 Ext. 225

Mobil Number 1.813.220.3739

Blair MacLachlan, MSW, Consultant, CompCare, is the lead on network and service system development.

Office Number: 860.295.7497

Mobil Number: 860.208.0998

Don Topor, LCSW, Director of Operations, CompCare CT, leads the service system clinical design efforts with providers to fit services to members needs.

Contact Number: 860.279.2611